

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/17/00</i>
O.I.P.E. CLASSIFIER		<i>2</i>	<i>3/15/00</i>
FORMALITY REVIEW		<i>2-1-17</i>	<i>5-1-16</i>
RESPONSE FORMALITY REVIEW		<i>2-1-17</i>	<i>7-6-00</i>

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral)..... Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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